Bureau of Health Care Quality & Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVS5098AGC | A. BUILDING _____ B. WING _____ | 12/31/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| QUALITY CARE GROUP HOME | 4175 TOMSIK ST LAS VEGAS, NV 89129 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
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| Y 000 | Initial Comments<br><br>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and request for Alzheimer Endorsement was conducted at your facility on 12/31/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.<br><br>The facility is licensed for ten (10) total beds.<br><br>The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, Category II residents.<br><br>The facility has applied for an endorsement for persons with Alzheimer's disease.<br><br>The census at the time of the survey was nine (9).<br><br>Nine (9) of Nine (9) resident files were reviewed<br><br>Six (6) of six (6) employee files were reviewed.<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.<br><br>The following regulatory deficiencies were identified: | Y 000 | | |
| Y 936 SS=D | 449.2749(1)(e) Resident file<br><br>NAC 449.2749<br>1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the | Y 936 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 936 | Continued From page 1<br>facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:<br>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.<br><br>This Regulation is not met as evidenced by:<br>NAC 441A.380 is hereby amended to read as follows:<br>441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.<br>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:<br>(a) Before admitting a person to the facility or home, determine if the person:<br>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;<br>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats;<br>(6) Is experiencing unexplained weight loss; or<br>(7) Has been in close contact with a person who has active tuberculosis.<br>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a | Y 936 | | |

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| Y 936 | Continued From page 2<br>tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.<br>(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.<br>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.<br>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the | Y 936 | | |

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| Y 936 | Continued From page 3<br>facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.<br>5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.<br>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. | Y 936 | | |

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| Y 936 | Continued From page 4<br>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.<br>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.<br><br>Based on record review, the facility failed to comply with the provisions of chapter 441A of NRS for 2 of 9 residents (#2 and #3).<br><br>Findings include:<br><br>The facility admitted Resident #2 on 11/23/07. Resident #2's file contained a one-step Tuberculin screening test result dated 02/04/08. Employee #1 indicated she would forward additional results to the Bureau of Licensure. On 01/20/09, facility records hand-delivered to the Bureau of Licensure failed to include other Tuberculin screening test results.<br><br>The facility admitted Resident #3 on 10/28/08. Resident #3's file contained a one-step Tuberculin screening test result dated 09/08/08. Employee #1 indicated she would forward additional results to the Bureau of Licensure. On 01/20/09, facility records hand-delivered to the Bureau of Licensure failed to include other Tuberculin screening test results.<br><br>Severity: 2 Scope: 3 | Y 936 | | |